

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

097868909  
APPLICANT(S)

FILING 1

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/								
2		/		/			51				
3		/		/			52				
4		/		/			53				
5		/		/			54				
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43							92				
44							93				
45							94				
46							95				
47							96				
48							97				
49							98				
50							99				
TOTAL IND.							100				
TOTAL DEP.							TOTAL IND.				
TOTAL CLAIMS							TOTAL DEP.				
							TOTAL CLAIMS				

BEST AVAILABLE COPY